

SWORN STATEMENT

WFG National Title Insurance Company

This form is provided by

STATE OF MICHIGAN
COUNTY OF

ss

being duly sworn, deposes and says that _____ is the (contractor) (subcontractor) for an improvement
County, Michigan, described as follows:

to the following described real property situated in _____

That the following is a statement of each subcontractor and supplier and laborer, for which laborer the payment of wages or fringe benefits and withholdings is due but unpaid, with whom the (contractor) (subcontractor) has (contracted) (subcontracted) for performance under the contract with the owner or lessee thereof, and that the amounts due to the persons as of the date hereof are correctly and fully set forth opposite their names, as follows:

Subcontractor Supplier or Laborer	Type of Improvement Furnished	Original Contract Price	Contract Adjustments (plus or minus)	Adjusted Contract Price	Amount Already Paid	Amount Currently Owing	Balance To Complete
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
SUB TOTALS							

